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## DRUGS AND CRIME

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### (REPORT OF COMMITTEE "G" OF THE INSTITUTE.)

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FRANCIS FISHER KANE, *Chairman.*<sup>1</sup>

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Your committee welcomes this opportunity to lay before you what it conceives to be the principal elements in the narcotic drug problem in its relation to crime. Much good, we believe, will come from an intelligent discussion of the problem, although its full and complete solution is in the far future.

It is for the doctors primarily to tell us what should be done with the unfortunate drug habitué. He is a sick man, but he is also a criminal and a menace to the community. If he is of independent means, his family will take care of him, or he will be put into a sanitarium, but if he is a poor man, he will sooner or later lose his job and become a burden on the authorities, in one way or another. From the very nature of the drug habit the moral sense is blunted and the man drifts into crime. Often where the taking of drugs is an incident of dissipation—and most drug taking so begins—the man after losing his regular work, finds that he can make money in passing the drug on to others. He becomes a drug carrier or peddler in the city tenderloin, thus making from day to day enough money to keep himself supplied with the morphine or heroin he uses. This is the explanation of why so many of the peddlers or dealers brought before our courts are themselves drug habitués.

Many crimes themselves induce drug-taking. The nerve strain creates the desire for a stimulant, the subsequent anxiety or exhaustion, the desire for a quietant. Cocaine or heroin supplies the stimulant, and morphine, or heroin, curiously enough, the quietant. Thus it happens that the use of cocaine and the commission of crimes of violence go together. Cocaine parties among the negroes mean knife

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<sup>1</sup>The membership of this committee is as follows:

Francis Fisher Kane, U. S. District Attorney, Philadelphia, Chairman.

S. C. Kohs, Stanford University, Cal.

John Marshall, M. D., University of Pennsylvania, Philadelphia.

L. L. Stanley, M. D., State Prison, San Quentin, Cal.

Charles E. Scelesh, M. D., House of Correction, Chicago.

Robert J. Sterrett, Assistant U. S. District Attorney, Philadelphia.

H. C. Stevens, M. D., University of Chicago, Chicago.

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slashings and assaults. This is recognized by the police, as well as the fact that many burglars and pickpockets take cocaine to nerve them for their trade. Prostitutes take cocaine and heroin; heroin apparently both to keep them going, and to allay the pain and nervousness that follow.

When compared with the liquor evil the drug problem does not loom large. Its extent is of course circumscribed. Probably drug-taking among the rich and well-to-do is growing less. Probably, notwithstanding all that has been done to check it, it is increasing in the lower walks of society. And remember it has no excuse whatever for its existence. There is no such thing as a temperate or moderate use of narcotic drugs; to take them at all except under the doctor's prescription for the alleviation of pain, and then only under certain circumstances, cannot be defended on any ground whatever. Whoever heard of a person giving himself a hypodermic injection of morphine or heroin for social purposes? We are in no sense interfering with natural tastes or cravings by interdicting the indiscriminate sale of morphine, heroin and cocaine. Laws have been passed to prevent such indiscriminate selling and the laws command popular approval, and yet enormous quantities of narcotics are still sold illegitimately. Before the war it was estimated that the illegitimate use was probably 80% of the whole. Of course, the war has increased the legitimate demand enormously. Nevertheless, the illegitimate use is still out of all proportion to the legitimate. No one contends that the legitimate manufacturer intentionally supply the illegitimate trade. Indeed it is hardly likely that any morphine is made in this country deliberately to supply the underworld. And yet it gets there all the same. Heroin came, originally from Germany, but large quantities of it are now made in this country, and sold as medicine for the legitimate needs of the profession. The story of how it came to be used among criminals has been told by an ex-convict, who spent many years in one of our state penitentiaries. He says that whenever he and his fellow prisoners were afflicted with a cough they made it an excuse to get some sort of soothing pills from the prison doctor, and that the news soon spread around the prison, and from the prison to the outside world, that there was a new and most agreeable remedy to be obtained under the name of heroin. It was "good dope." The news spread from one city to another, and soon afterwards the underworld everywhere was using it. The heroin habit was thus established in our tenderloins when the Harrison Act went into effect, and the drug can still be had in our large cities at the street corners in the vice districts, if you only have enough money to pay for it. The poor

girl of the streets will tell you it is better than morphine because it is twice as strong. It does not have the same unpleasant effects upon the digestive apparatus.

The question recurs, how does this vast supply—for it is a vast supply—of narcotics get into the hands of the illegitimate trade? How does the supply find its way into the hands of the large dealers, who in turn pass it over to the peddlers and carriers of our red light districts. Doubtless, a large part comes from Canada, into which it was imported from this country; some from Mexico, the rest directly from sources in this country. The Harrison Act does not attempt to regulate the exporting and importing of narcotic drugs; it covers solely the trading in such drugs within the country. Consequently the large dealer can fill an order for a firm in Toronto, and then portions of the order can find their way back into the United States, carried, it may be, in the grip-sacks of innocent looking travelers across the Niagara River, returning to their native land from the Dominion. It will be remembered that enough heroin to kill all the inhabitants of a large city can be carried in an ordinary grip-sack, and although Pullman parlor car porters, as a class, are fine specimens of their race and honest, too, there are exceptions to the rule who are willing not to ask embarrassing questions about packages placed in their custody when the frontier is crossed.

It has been proposed to extend the provisions of the Harrison Act to foreign commerce, and better still, to require manufacturers of medicines to put up their goods in small amounts and place on each package a serial number. In this manner the particular drugs seized by the officers of the law in the hands of the drug peddler, let alone a large supply found in the possession of a dealer, might be traced back to the manufacturer, and through his books and records it would not be difficult to ascertain the various middlemen through whose hands the drugs had passed. It has been argued that the last seller would destroy the label or that he would at least erase the serial number. This would, in certain cases, undoubtedly be done, but there would be many others where it would not be done, for the illicit vender has always to prove that the pills or powders which he sells contain the genuine article. He cannot otherwise get the high prices which he seeks, the user requiring proof that he is buying the drug he asks for. We have known of at least one dope fiend who insisted on proof that the morphine he was buying was the Powers & Weightman article. He was not to be put off with an inferior grade. Consequently, drugs for the illegitimate trade must be kept in their original packages as long as possible, and a provision such as we have suggested requiring the

stamping of serial numbers on all packages would be of considerable use in checking the illegal traffic.

One of the worst aspects of the drug evil is that the users that get before our courts are, for the most part, young men and women. Doctors explain this by saying that the mortality among the users is very great; ten years is given as the maximum of life for the confirmed cocaine or heroin user. Death does not come directly from the drug, but the taker's system becomes undermined. He falls an easy prey to tuberculosis, or some intestinal or cardiac trouble. Certain it is that the confirmed habitué takes scarcely any nourishment; that he looks as if a puff of wind would blow him over. There are indeed rare instances in which men and women take morphine and grow old. But these are not cases of real drug dissipation and the amounts taken and the frequency of the doses are not such as to render normal life impossible. Another very serious aspect of the matter is that most of the habitués that are before our courts are persons of American birth. Why this is so we do not know, but the fact is not a pleasant one to contemplate. Over a year ago it was found that in Philadelphia cocaine was being sold to the children of one of our public schools, and probation officers have reported quite little children who knew how to give themselves hypodermic injections of morphine and heroin.

Drug-taking in our large cities has become to an alarming extent the concomitant of ordinary dissipation. A criminal lawyer of wide experience recently called attention to this fact. When he was a boy it was unknown, and the corner loafer who drifted into vice knew nothing in the way of stimulants besides those of alcoholic origin. Now all this is changed, and the young sport does not think he's really "going it" until he tries opium in some form, or "lights himself up" with cocaine. Formerly he was content with prostitutes and drinking; now it is vice, plus heroin and cocaine. Worse than this it is a common sight in our large cities in the east to see sailors and soldiers in vile joints under the influence of narcotic drugs. They get them from the unfortunate women they associate with, and although the number of drug habitués in the army and navy is mercifully small, the danger to the younger fellows can hardly be over-estimated. The danger of venereal diseases is bad enough, but now to this is added the evils of cocaine and heroin. Shocking cases of drug poisoning are being constantly reported in the newspapers of our great cities.

What is the remedy? Punish the dealer as severely as you can, but how about the user? To lock up the confirmed user for a short period of time does him no good whatever, for he will return to the

drug again as soon as he can get it. Nothing short of a year's separation from most narcotics will break up the habit. Drug victims must be cut off from old surroundings, removed from the temptations to which they succumbed, and this separation must be maintained for a long period of time, under strict discipline at first, relaxed afterwards by degrees as they regain self-control and not taken away suddenly. Occupation meanwhile is a prime necessity. Mind and body must have work. Idleness does not supply the alternative required. With idleness no cure is possible. This is the thought, of course, back of the so-called inebriate farms that have been started in one or two of our states. Drug-takers, as well as alcoholics should be put on farms, and kept there for long periods of time, and not allowed to go back to the "tenderloins" from which they came. Some doctors will tell you that the drug-taker became what he is through an inherent weakness of character. He was, they say, a weak, worthless individual before he began taking the drug that now has such a disastrous hold upon him, and therefore you need waste no pity on him. But the fact remains that in communities where drug-taking is unknown, weak individuals neither fall so low nor become such a menace to the safety of their fellow citizens. Even assuming therefore that such doctors are right in their conclusion, we should continue in every possible manner to prevent the illegitimate sale of narcotic drugs.

We have thought that it would be of use to append to this report the recommendations of the Commissioner of Internal Revenue for the amendment of the Harrison Act in order to make its provisions more effective. And we have appended also a copy of the recent act by the Legislature of Pennsylvania, which after the most careful consideration was drawn and passed with a view not only of meeting the problem of the drug user (the Jin Fuyey Moy case having in this respect impaired the usefulness of the Harrison Act), but also with a view of preventing and punishing illegitimate drug-selling by unprincipled physicians under cover of prescriptions issued to effect "reduction cures." It was found in Philadelphia that a considerable number of such practitioners had been thus supplying dope fiends with their drugs, and in this manner not only violating the plain spirit of the Harrison Act, but violating it in a way that made it difficult to prosecute them. Finally, we have appended a summary of legislation on the drug evil in states other than Pennsylvania. It is hoped that the subject will thus secure the attention it deserves.

APPENDIX.  
THE PENNSYLVANIA ACT.  
AN ACT.

For the protection of the public health by regulating the possession, control, dealing in, giving away, delivery, dispensing, administering, prescribing, and use of certain drugs and keeping records thereof by regulating the use of drugs in the treatment of the drug habit by providing for the revocation and suspension of licenses of physicians, dentists, veterinarians, pharmacists, druggists and registered nurses for certain causes and by providing for the enforcement of this act and penalties.

*Section 1.* Be it enacted by the Senate and House of Representatives of the Commonwealth of Pennsylvania in General Assembly met and it is hereby enacted by the authority of the same, That except as limited in section two of this act the word "drug" as used in this act shall be construed to include (a) opium, or (b) cocoa leaves, or (c) any compound or derivative of opium or cocoa leaves, or (d) any substance or preparation containing opium or cocoa leaves, or (e) any substance or preparation containing any compound or derivative of opium or coca leaves.

*Section 2.* The word "drug" shall not be construed to include (1) preparations and remedies and compounds which do not contain more than two grains of opium or more than one-fourth of a grain of morphine or more than one-eighth of a grain of heroin or more than one grain of codeine, or any salt or derivative of any of them in one fluid ounce if the same is liquid or if a solid or semi-solid in one avoirdupois ounce, (2) liniments, ointments or other preparations prepared and dispensed in good faith for external use, only providing such liniments, ointments and preparations do not contain cocaine or any of its salts, or alpha or beta eucaine or any of their salts, or any synthetic substitute for cocaine or eucaine or their salts. (3) Decocainized coca leaves or preparations made therefrom or other preparations of coca leaves which do not contain cocaine;

Provided, however, That no preparations, remedies or compounds containing any opium or coca leaves or any compound or derivative thereof in any quantity whatsoever may be sold, dispensed, distributed, or given away to or for the use of any known habitual user of drugs except in pursuance of a prescription of a duly licensed physician or dentist.

*Section 3.* The word "person" as used in this act shall be construed to include an individual, a co-partnership, a corporation, or an association. Masculine words include the feminine or neuter. The singular includes the plural. The word "prescription" shall be con-

strued to designate a written order by a duly licensed physician, dentist, or veterinarian calling for a drug or for any substance or preparation containing a drug.

*Section 4.* No person shall have in his possession or under his control or deal in, dispense, sell, deliver, distribute, prescribe, traffic in, or give away, any of said drugs. This section does not apply in the regular course of their business, profession, employment, occupation, or duties to (a) manufacturers of drugs, (b) persons engaged in the wholesale drug trade, (c) importers or exporters of drugs, (d) registered pharmacists actually engaged as retail druggists, (e) bona fide owners of pharmacies or drug stores, (f) licensed physicians, (g) licensed dentists, (h) licensed veterinarians, (i) persons in the employ of the United States or of this Commonwealth, or of any county, municipality or township of this Commonwealth, and having such drugs in their possession by reason of their official duties, (j) warehouse men or common carriers engaged bona fide in handling or transporting drugs, (k) persons regularly in charge of drugs in dispensaries, hospitals, asylums, sanitariums, poorhouses, jails, penitentiaries or public institutions, (l) nurses under the supervision of a physician, (m) persons in charge of a laboratory where such drugs are used for the purpose of medical or scientific research only, (n) captains or proper officers of ships, upon which no regular physician is employed, for the actual medical needs of the officers and crews of their own ship only, (o) persons having said drugs in their possession for their own personal use only, provided that they have obtained the same in good faith for their own use from a duly licensed physician or dentist or in pursuance of a prescription given them by a duly licensed physician or dentist, (p) persons having said drugs in their possession for the use of an animal belonging to them provided that they have obtained the same in good faith from a duly licensed veterinarian for the use of such animal or in pursuance of a prescription given by a duly licensed veterinarian, (q) persons in the bona fide employ of any of the persons above enumerated.

*Section 5.* No person shall use, take or administer to his person, or cause to be administered to his person, or administer to any other person, or cause to be administered to any other person any of the aforesaid drugs except under the advice and direction and with the consent of a regularly practicing and duly licensed physician or dentist.

*Section 6.* No manufacturer, producer, importer, exporter, or person engaged in the wholesale drug trade and regularly selling drugs shall sell, dispense, distribute, or give away any of said drugs except



to (a) a duly licensed physician, (b) a duly licensed pharmacist, (c) a duly licensed dentist, (d) a duly licensed veterinarian, (e) a manufacturer of drugs, (f) a person engaged in the wholesale drug trade and regularly selling drugs, (g) an exporter of drugs, (h) a bona fide hospital, dispensary asylum or sanitarium, (i) a public institution, (j) a bona fide owner of a pharmacy or drug store, (k) a person in a foreign country, (l) a person in charge of a laboratory where such drugs are used for the purpose of scientific and medical research only, (m) the captain or proper officers of a ship, upon which no regular physician is employed, for the actual medical needs of the officers and crew of such ship only, (n) a person in the employ of the United States, of this Commonwealth, or of any county, municipality or township thereof purchasing or receiving the same in his official capacity.

No manufacturer, producer, importer, or person engaged in the wholesale drug trade and regularly selling drugs shall sell, dispense, distribute, or give away any of said drugs, except in pursuance of a written order signed by the person to whom such drug is sold, dispensed, distributed or given. Such order shall be preserved for a period of two years in such a way that it will be readily accessible to inspection by the proper authorities.

*Section 7.* No registered pharmacist or bona fide owner of a pharmacy or drug store regularly engaged in the sale of drugs at retail shall sell, dispense, distribute, or give away any of said drugs except to (a) another registered pharmacist or bona fide owner of pharmacy or drug store, (b) a duly licensed physician, (c) a duly licensed dentist, (d) a duly licensed veterinarian, (e) a bona fide hospital, dispensary, asylum, sanitarium, or public institution, (f) an individual in pursuance of a written prescription issued by a physician, dentist, or veterinarian, which prescription shall be dated as of the day on which signed and shall be signed by the physician, dentist, or veterinarian who issued the same, (g) a person in charge of a laboratory where such drugs are used for the purpose of medical or scientific research only, (h) the captain or proper officer of a ship, upon which no regular physician is employed, for the actual medical needs of the officers and crew of such ship only, (i) a person in the employ of the United States, or of this Commonwealth, or of any county, municipality, or township thereof, purchasing or receiving the same in his official capacity.

No registered pharmacist or bona fide owner of a pharmacy or drug store regularly engaged in the sale of drugs at retail shall sell, dispense, distribute, or give away any of said drugs, except in pursuance of a written order signed by the person to whom such drugs are sold, dispensed, distributed, or given. Such order shall be pre-

served for a period of two years in such a way that it will be readily accessible to inspection by the proper authorities. When such drugs are sold, dispensed, distributed, or given to an individual in pursuance of a prescription, such prescription shall be regarded as the written order herein required and no further written order shall be necessary.

*Section 8.* No physician or dentist shall sell, dispense, administer, distribute, give, or prescribe any of said drugs to any person known to such physician or dentist to be an habitual user of any of said drugs, unless said drug is prescribed, administered, dispensed, or given for the cure or treatment of some malady other than the drug habit; Provided, however, That if any physician desires to undertake in good faith the cure of the habit of taking or using opium or any of its derivatives in any form such physician may prescribe or dispense opium or its derivatives to a patient, provided such opium or its derivatives are prescribed or dispensed in good faith for the purpose of curing such patient of such habit and not merely for the purpose of satisfying a craving for the drug. In every such case the physician shall himself make a physical examination of the patient and shall report in writing to the proper officer of the board of health of the city, borough, town, or township in which he resides, or to the State Department of Health, where there is no local board of health, the name and address of such patient together with his diagnosis of the case and the amount and nature of the drug prescribed or dispensed in the first treatment. When the patient leaves his care such physician shall report in writing to said officer of the board of health or to the State Department of Health the result of his said treatment.

Any person divulging any information contained in any such report, except for the purpose of enforcing this act, or to a physician who may, in the opinion of the chief of the board of health or of the Commissioner of Health, be entitled to such information for the purpose of enabling him to comply with the provisions of this act, shall be sentenced to pay a fine not exceeding one thousand dollars or to undergo an imprisonment not exceeding one year, or both in the discretion of the court.

*Section 9.* No physician, dentist, or veterinarian shall administer, dispense, give away, deliver or prescribe any of said drugs except after a physical examination of the person or animal for whom said drugs are intended, said examination to be made at the time said prescription is issued or at the time said drug is administered, dispensed, given away, or delivered by said physician, dentist, or veterinarian. No veterinarian shall sell, dispense, distribute, give, or prescribe any drug for the use of a human being.

*Section 10.* Every physician, dentist, and veterinarian shall keep a record of all said drugs administered, dispensed, or distributed by him showing the amount administered, dispensed, or distributed, the date, the name and address of the patient, and in the case of a veterinarian the name and address of the owner of the animal to whom such drugs are dispensed, or distributed. Such record shall be kept for two years from the date of administering, dispensing, or distributing such drug, and shall be open for inspection by the proper authorities. No record need be kept of any drug administered in an emergency case.

*Section 11.* This act shall not be construed to apply to the treatment of habitual users of drugs in public hospitals, sanitariums, poor-houses, prisons, or public institutions.

*Section 12.* Any person who shall violate or fail to comply with any of the provisions of this act, except as provided in the last paragraph of section eight, shall be guilty of a misdemeanor, and upon conviction shall be sentenced to pay a fine not exceeding two thousand dollars, or to undergo an imprisonment not exceeding five years, or both at the discretion of the court. If the violation is by a corporation, co-partnership, or association the officers and directors of such corporations or the members of such co-partnership or association, their agents and employes with guilty knowledge of the fact shall be deemed guilty of a violation of the provisions of this act to the same extent as though said violation were committed by them personally.

*Section 13.* In any prosecution under this act it shall not be necessary to negative any of the exemptions of this act in any complaint, information, or indictment. The burden of proving any exemption under this act shall be upon the defendant.

*Section 14.* Any license heretofore issued to any physician, dentist, veterinarian, pharmacist, druggist, or registered nurse may be either revoked or suspended by the proper officers or boards having power to issue licenses to any of the foregoing, upon proof that the licensee is addicted to the use of any of said drugs, after giving such licensee reasonable notice and opportunity to be heard.

*Section 15.* Whenever any physician, dentist, veterinarian, pharmacist, druggist, or registered nurse is convicted in a court having jurisdiction of any violation of this act the license of such physician, dentist, veterinarian, pharmacist, druggist, or registered nurse may be revoked or suspended by the proper officers or boards having power to issue licenses to any of the foregoing classes, after giving such licensee reasonable notice and opportunity to be heard.

The term "license" as used in sections fourteen and fifteen of this

act shall be construed to include all licenses heretofore issued to any physician, dentist, veterinarian, pharmacist, druggist, or registered nurse, whether said license was issued by the officers or boards at present having power to issue the same or whether granted under previous authority.

The term "officers or boards" as used in sections fourteen and fifteen of this act shall be construed to designate such officers or boards as have power to issue licenses to physicians, dentists, veterinarians, pharmacists, druggists, or registered nurses at the time the power to revoke or suspend the license is exercised.

*Section 16.* The provisions of this act shall be enforced by the Department of Health of the Commonwealth of Pennsylvania, and for that purpose the Commissioner of Health is hereby authorized to establish in the Department of Health a bureau or division for such purpose and to employ such assistants, stenographers, inspectors, clerks and other employes as in his opinion may be necessary and to fix their compensation. For the purpose of enforcing the provisions of this act the Commissioner of Health and his assistants either in said bureau or division, or any other bureau or division of his Department shall have the right to examine at any time any or all of the records required by this act to be kept and the Commissioner of Health may further require persons dealing in, buying, selling, handling or giving away drugs to make such reports to him or to the bureau aforesaid as he may deem necessary or advisable. This section shall not be construed to exclude the other duly constituted authorities in this Commonwealth from enforcing the provisions of this act.

*Section 17.* All acts and parts of acts inconsistent with this act are hereby repealed.

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STATUTES OF THE VARIOUS STATES, PERTAINING TO THE SALE AND  
USE OF NARCOTIC DRUGS.

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ALABAMA.

No pertinent legislation found.

ALASKA.

No legislation found on subject.

ARKANSAS.

1916 Digest of Statutes, Chap. CLXI., Sec. 7824, no person can sell or give away, save on prescription of a physician or dentist, and prescription not to be filled but once. By Section 7825 Ibid. granting a prescription for one addicted to habitual use of cocaine or preparation or compound of same punished by fine of \$25 to \$100, or imprison-

ment in county jail for thirty to ninety days. By Section 7826 Ibid. it is unlawful to sell at retail, arsenic and its compound, strychnine, etc.

#### CALIFORNIA.

Kerr's Cumulative Supplement annotated, 1906-13.

Digest of 1913, Par. 2185, c. page 290, by Constitutional provision, without the Governor's approval, March 21, 1911, Stats. and Amdts., 1911, page 396, any person addicted to the intemperate use of narcotics or stimulants as to have lost the power of self control, or is subject to dipsomania or inebriety, may be confined in a hospital for the care and treatment of the insane, designating in such order for a definite period, not to exceed two years, etc., and by par. 171 A Ibid., p. 2047, any person who brings into any state prison, town or county jail, or city, or city county jail, or reformatory in this state, or within the grounds belonging to or adjacent to any such institution, any opium, morphine, cocaine, or other narcotic or intoxicating liquors is guilty of a felony.

#### COLORADO.

By act of April 9, 1915, Chap. 75, p. 208, of Sess. Laws of Colorado, it is unlawful for any person to sell, barter exchange, distribute, give away, or in any manner dispose of at retail or to a consumer opium or coca leaves or any compound, manufactured salt derivative or preparation thereof, except from original prescription of a duly licensed physician, dentist or veterinary surgeon. Punishment \$100 to \$300, or by imprisonment from thirty days to six months, Ibid., Act of April 3, 1913, Chap. 57, of Sess. Laws, of Colorado, 1913.

#### CONNECTICUT.

Revision of General Statutes of Conn. 1902.

By Sec. 4734, every person except when prescribed by a practising physician, or sold at wholesale to licensed pharmacists, or for use in manufactures or the arts, shall label with the word "poison" the following drugs: "Acid carbolic, ammoniated mercury, acid muriatic, chloroform, acid nitric" and any other drugs.

Sec. 1153 Ibid.

25 years punishment, maximum, for administering drugs to any person with intent to commit robbery or any other crime.

Sec. 2162 Ibid.

Effects of alcohol and narcotics on health to be taught as a regular branch of study to pupils above 3rd grade in public schools, etc.

Chap. 313, Page 2175, Public Laws, 1915.

Habitual users not to be furnished with.

## DELAWARE.

Revised Code of Delaware, 1915, Sec. 3595 p. 1649.

Selling to any one save to licensed physicians on authority of certificate of such licensed physician punished by fine not exceeding \$2,000 or imprisonment not exceeding one year. Act does not apply when persons are sick and in actual need of such drugs as a medicine.

## FLORIDA.

Florida Compiled Laws Ann., 1914, Sec. 3537 b, page 1756.

Keeping opium den or selling it or any preparation to be smoked is punished by imprisonment not exceeding 2 years or by fine not exceeding \$2,000.

## GEORGIA.

Park's Annotated Code, Vol. 6.

By Sec. 455 druggists and pharmacists may not sell or deliver without causing entries to be made stating date of delivery, name and address of person receiving, name and quantity of the poison, the purpose for which it was represented by such person to be required, and name of dispenser. Book open for public inspection for 5 years.

By Sec. 1651, Vol. 1 can only be sold, furnished or given away except upon original order or prescription licensed physician, dentist, etc.; 1652, Vol. 1, prohibits furnishing to habitual users of narcotic drugs by physician except when under his care and in good faith.

## HAWAII.

Revised Laws of 1915.

By Sec. 2073 sellers must have a license to dispense. Sec. 918 gives Board of Health control over. Sec. 2075 makes smoking or using opium a penalty.

## IDAHO.

Session Laws, 1915.

Chap. 61, page 148, may be sold only on prescription.

## ILLINOIS.

Laws of 1915.

Senate bill, 300, page 500.

Sale of upon prescription—only registered pharmacists to dispense—physician may not sell to habitual user unless under his care and in good faith.

## INDIANA.

Acts of 1913.

Chap. 118, page 306.

Only upon prescription of registered physicians, veterinarian or dentist.

## IOWA.

Supplemental Supplement Code of Iowa Index, 1915.

Furnishing to inebriates a penalty S. 2310, a24 and S. P. 857.

## KANSAS.

General Statutes of Kansas, Ann. 1915.

Narcotics not furnished to minors. Sec. 6397 and 6398.

By Act of Legislature 1909, Chapter 184, the matter left largely with the State Board of Health.

## KENTUCKY.

Kentucky Statutes, Carroll, 1915, Vol. 1.

Cocaine or its salts can be sold only on physicians', dentists' or veterinarian surgeons' prescription, etc. Sec. 2635a.

Poisons must be so labeled and registry kept. Sec. 2630.

## LOUISIANA.

Acts of State of La., Regular Session of 1914, Second Extra Session, 1913.

Manufacture, sale and transportation of, regulated. Rules of to be made by State Board of Health. Act No. 282, page 566.

## MAINE.

Laws of Maine, 1915.

Chap. 142, page 103.

Physicians, surgeons, etc., may sell or prescribe in good faith.

## MARYLAND.

Laws of Maryland, 1916.

No narcotic act up to and including 1916.

Sale, etc., to or for insane prohibited.

Chap. 566, page 1162.

## MASSACHUSETTS.

Acts and Resolves of Mass., 1914.

Sale, etc., prohibited except on prescriptions, etc., Chap. 694, page 704, effective January 1, 1915, and Chap. 187, p. 167, General Acts of Mass. 1915.

Special Acts and Resolves of Mass., 1916.

Commission of three members to investigate use of habit-forming drugs. Commission serves without compensation. Chap. 112, p. 523.

General Acts of Mass., 1916.

Search warrants authorized relating to drugs. Chap. 117, p. 91.

## MICHIGAN.

Public Laws Sess., 1915.

Sale, etc., of habit-forming drugs, regulated. P. 195.

## MINNESOTA.

Laws of Minn., 1915.

Sale of narcotic drugs prohibited. Chap. 260, p. 358.

## MISSISSIPPI.

Laws of Miss., 1914, and Extra Sess., 1913.

No laws on in Acts of 1914 and 1913.

## MISSOURI.

Laws of Missouri, 1915.

Cocaine and other drugs—sale of—must have prescription for—exceptions p. 279.

## MONTANA.

Laws of Montana, 1915.

Little regulation of.

Unlawful for any person other than registered pharmacist to retail drugs, medicines, etc., exception of physician, etc., p. 292.

## NEBRASKA.

Laws of Nebraska, 1915.

Sale, etc., regulated, p. 405-6.

## NEVADA.

Stat. of Nevada, 1915.

Sale, etc., regulated, p. 119, Chap. 101.

## NEW HAMPSHIRE.

The Public Statutes and Sess. Laws of N. H.

Sale, etc., of regulated.

Supp. 1901-13, inc.

Chap. 162, p. 320.

## NEW JERSEY.

Laws of N. J., 1915.

Narcotics delivered only on prescription, pages 53, 636.

## NEW MEXICO.

New Mexico, Stat. Ann., 1915.

No laws on that I can find from recent acts.

## NEW YORK.

Laws of N. Y., 138 Sess., 1915, Vol. 2.

Sale, etc., regulated, Chap. 327, p. 1017.

## NORTH CAROLINA.

Public Laws of N. C., 1909.

Narcotics, sale to habitués forbidden, p. 1106—not a strong act against general use of. Nothing later than this act.

## NORTH DAKOTA.

Compiled laws of N. D., 1913.

Sale, etc., of cocaine on prescription by physician, etc. Secs. 2942 and 2943, Chap. 154, of Act. of 1915.

## OHIO.

Supp. to Page & Adam's Ohio Gen. Code, 1916, Vol. 4.

Sale, etc., regulated by several sections: 12672 et seq.



## OKLAHOMA.

Revised laws of Oklahoma, Annotated 1910, Vol. 2.  
Sale, etc., of cocaine, etc., prohibited. Decisions 6843-46.

## OREGON.

Found nothing in the Acts of 1911-13 and 1915, of this state on the subject.

## PENNSYLVANIA.

According to instructions, have not looked into the Acts here.

## PHILLIPINE ISLANDS.

Have been unable to find definite laws concerning the subject under the laws of these islands.

## PORTO RICO.

Comp. of Revised Stat. & Code, of P. R., Vol 1.  
Pharmacist, etc., may sell. Sec. 1759 et seq.

## RHODE ISLAND.

Public Laws of R. I., 1914.  
Sale, etc., regulated. Chap. 1087, p. 149.

## SOUTH CAROLINA.

Code of Laws of S. C., 1912, Vol. 2.  
Sale of cocaine, etc., regulated. Sec. 405, Criminal Code.

## SOUTH DAKOTA.

Session Laws of 1915.  
Sales regulated, Chap. 160, p. 338, and Chap. 161, p. 339.

## TENNESSEE.

Found no act governing sale, save as to inebriates, etc.

## TEXAS.

Found no narcotic act up to 1915.

## VERMONT.

Laws of Vermont, 1915.  
Sale, etc., regulated, No. 197, p. 336.

## VIRGINIA.

Found no laws up to 1916.

## WASHINGTON.

Found no laws up to 1915.

## WEST VIRGINIA.

Found no laws up to 1915.

## WISCONSIN.

Laws of Wisconsin, 1913.  
Sale of, etc., regulated, Chap. 234, p. 240.

## WYOMING.

Session Laws of 1915.  
Sale, etc., of regulated, Chap. 78, p. 77.